Philip James Mastalski, Donna Lynn Mastalski

Debtors

#### SCHEDULE A - REAL PROPERTY - AMENDED

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.** 

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Gatlinburg Timeshare "1 Time Share Interest(s) according to the Time Sharing Plan for Westgate Smoky Mountain Resort at Gatlinburg, recorded in Volume Book 1092, at Page 375, Register's Office, Seiver County, Tennessee. Together with the right to occupy, persuant to the Time Sharing Plan, Unit 2036-361E, during Unit Week(s) 42, During Assinged Year All."	Fee simple	J	3,000.00	3,000.00
Residence, 4812 Ormond Rd., Springfield Twp, Mi	Ten by Entirities	J	225,000.00	399,303.52
Office, 5721 Elizabeth Lake Rd., Waterford, MI 48327		J	170,000.00	178,387.07
Fighting Fish Drive Lot #21 & 20, Ausable Twp. "Units 20, 21.186 &187 AuSable Huron Condo Cpgd, Oscoda, MI 48750	Tenancy by the Entireti	es J	75,000.00	78,328.31
AuSable Twp, MI R F Boat Slips #107 & 108 "Unit 107 & 108 AuSable-Huron Condominium Cpgd, Oscoda, MI 48750	Tenancy by the Entireti	es J	25,000.00	41,254.41
Ausable Twp, MI Boat Slip, 419 State Street, Lot #8	Tenancy by the Entireti	es J	2,000.00	2,000.00

Sub-Total > 500,000.00 (Total of this page)

Total > 500,000.00

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re	Philip	Ja
In re	Philip	Ja

mes Mastalski, Donna Lynn Mastalski

Case No.	09-73931	

Sub-Total >

(Total of this page)

8,300.00

**Debtors** 

#### SCHEDULE B - PERSONAL PROPERTY - AMENDED

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash on Hand	J	600.00
2.	Checking, savings or other financial accounts, certificates of deposit, or	Comerica Checking Account	J	2,500.00
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Michigan Catholic Credit Checking	J	300.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	2 Dining Room Sets, 2 Living Room Sets, 4 Bedroom Sets, 2 TV's, 1 computer, 2 washers and dryers, 2 china cabinets, 2 hide-a-beds. Nothing less than 10 years old.	J	2,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Books, hardback and paperbacks	J	400.00
6.	Wearing apparel.	Misc. Mens Clothing	н	500.00
		Misc. Womens Clothing	w	1,000.00
7.	Furs and jewelry.	2 wedding rings	J	500.00
8.	Firearms and sports, photographic, and other hobby equipment.	Woodworking equipment	J	500.00
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10.	Annuities. Itemize and name each issuer.	X		

**3** continuation sheets attached to the Schedule of Personal Property

In re Philip James Mastalski, Donna Lynn Mastalski

Case No.	09-73931	

Debtors

#### SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) for husband, Plan 501048	Н	15,000.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.		100% Membership P.A.M. Invest LLC	J	50,000.00
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tota	al > <b>65,000.00</b>

(Total of this page)

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

Philip James Mastalski, In re Donna Lynn Mastalski

Case No.	09-73931	
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Debtors

#### SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and	200	7 Jeep Commander	J	28,000.00
	other vehicles and accessories.	200	6 Jeep Liberty Sport	w	12,830.00
		199	6 Dutchstar Motorhome	J	30,000.00
		199	4 Jeep	J	5,000.00
		2 Tr	railers	J	100.00
		198	7 Ford Pick up truck	н	700.00
26.	Boats, motors, and accessories.	199	8 Yamaha Exciter 16 ft	J	3,800.00
		198	5 Bayliner 3280 Explorer	н	15,000.00
		5 je	tskis	J	4,000.00
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.		ulti-fax, 3 computers, 1 copier, 2 printers and plies,	J	3,000.00
29.	Machinery, fixtures, equipment, and supplies used in business.	Han wel	nd tools, power tools, mowers, tillers, saws, der	J	2,000.00
30.	Inventory.	Jet	ski parts and trailer parts	J	800.00
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	Star	nding Timber, 4812 Ormand	J	2,000.00

107,230.00 Sub-Total >

(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re Philip James Mastalski, Donna Lynn Mastalski

Case No.	09-73931	
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Debtors

#### SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Farming equipment and implements.	1958 Tractor and 1926 Dragline 2002 ATV	Н	2,500.00
34. Farm supplies, chemicals, and feed.	Paints and cleaners	J	100.00
35. Other personal property of any kind not already listed. Itemize.	X		

2,600.00 Sub-Total > (Total of this page)

Total > 183,130.00

Philip James Mastalski

Case No.	09-73931	

Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
Check one box)	\$136,875.

■ 11 U.S.C. §522(b)(2)
□ 11 U.S.C. §522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property Gatlinburg Timeshare "1 Time Share Interest(s) according to the Time Sharing Plan for Westgate Smoky Mountain Resort at Gatlinburg, recorded in Volume Book 1092, at Page 375, Register's Office, Seiver County, Tennessee. Together with the right to occupy, persuant to the Time Sharing Plan, Unit 2036-361E, during Unit Week(s) 42, During Assinged Year All."	11 U.S.C. § 522(d)(1)	0.00	3,000.00
Household Goods and Furnishings 2 Dining Room Sets, 2 Living Room Sets, 4 Bedroom Sets, 2 TV's, 1 computer, 2 washers and dryers, 2 china cabinets, 2 hide-a-beds. Nothing less than 10 years old.	11 U.S.C. § 522(d)(3)	1,000.00	2,000.00
Books, Pictures and Other Art Objects; Collectible Books, hardback and paperbacks	<u>s</u> 11 U.S.C. § 522(d)(3)	200.00	400.00
Wearing Apparel Misc. Mens Clothing	11 U.S.C. § 522(d)(3)	500.00	500.00
<u>Furs and Jewelry</u> 2 wedding rings	11 U.S.C. § 522(d)(4)	500.00	500.00
Firearms and Sports, Photographic and Other Hob Woodworking equipment	by Equipment 11 U.S.C. § 522(d)(3)	500.00	500.00
Interests in IRA, ERISA, Keogh, or Other Pension of 401(k) for husband, Plan 501048	or Profit Sharing Plans 11 U.S.C. § 522(d)(10)(E)	15,000.00	15,000.00
Stock and Interests in Businesses 100% Membership P.A.M. Invest LLC	11 U.S.C. § 522(d)(5)	10,446.00	50,000.00
Automobiles, Trucks, Trailers, and Other Vehicles 1994 Jeep	11 U.S.C. § 522(d)(2)	3,225.00	5,000.00
Boats, Motors and Accessories 1985 Bayliner 3280 Explorer	11 U.S.C. § 522(d)(5)	754.00	15,000.00
Office Equipment, Furnishings and Supplies 2 multi-fax, 3 computers, 1 copier, 2 printers and supplies,	11 U.S.C. § 522(d)(6)	1,462.79	3,000.00
Machinery, Fixtures, Equipment and Supplies User Hand tools, power tools, mowers, tillers, saws, welder	<u>d in Business</u> 11 U.S.C. § 522(d)(3)	1,000.00	2,000.00

Total: 34,587.79 96,900.00

Donna Lynn Mastalski

Case No.	09-73931	
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Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

Check if debtor claims a homestead exemption that exceeds \$136,875.

■ 11 U.S.C. §522(b)(2)
□ 11 U.S.C. §522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Household Goods and Furnishings 2 Dining Room Sets, 2 Living Room Sets, 4 Bedroom Sets, 2 TV's, 1 computer, 2 washers and dryers, 2 china cabinets, 2 hide-a-beds. Nothing less than 10 years old.	11 U.S.C. § 522(d)(3)	1,000.00	2,000.00
Books, Pictures and Other Art Objects; Collectible Books, hardback and paperbacks	<u>§</u> 11 U.S.C. § 522(d)(3)	200.00	400.00
Wearing Apparel Misc. Womens Clothing	11 U.S.C. § 522(d)(3)	1,000.00	1,000.00
Stock and Interests in Businesses 100% Membership P.A.M. Invest LLC	11 U.S.C. § 522(d)(5)	10,446.07	50,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 1994 Jeep	11 U.S.C. § 522(d)(2)	1,775.00	5,000.00
Boats, Motors and Accessories 1985 Bayliner 3280 Explorer	11 U.S.C. § 522(d)(5)	753.93	15,000.00
Office Equipment, Furnishings and Supplies 2 multi-fax, 3 computers, 1 copier, 2 printers and supplies,	11 U.S.C. § 522(d)(6)	1,462.78	3,000.00
Machinery, Fixtures, Equipment and Supplies Used Hand tools, power tools, mowers, tillers, saws, welder	l in Business 11 U.S.C. § 522(d)(3)	1,000.00	2,000.00

Total: 17,637.78 78,400.00

Philip James Mastalski, Donna Lynn Mastalski

Case No.	09-73931	

**Debtors** 

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	CONTINGEN	1-00-D	E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.  Ausable Township 311 Fifth Street Oscoda, MI 48750		J	2008 - 09 Statutory Lien AuSable Twp, MI R F Boat Slips #107 & 108 "Unit 107 & 108 AuSable-Huron Condominium Cpgd, Oscoda, MI 48750	Ť	A T E D			
			Value \$ 25,000.00	1			80.00	0.00
Account No.  Ausable Township 311 Fifth Street Oscoda, MI 48750		J	2008 - 09 Statutory Lien Fighting Fish Drive Lot #21 & 20, Ausable Twp. "Units 20, 21.186 &187 AuSable Huron Condo Cpgd, Oscoda, MI 48750					
Account No.	+	$\vdash$	Value \$ 75,000.00 2008 - 09	$\vdash$	Н		430.00	0.00
Ausable Township 311 Fifth Street Oscoda, MI 48750		J	Statutory Lien  Ausable Twp, MI Boat Slip, 419 State Street, Lot #8					
			Value \$ 2,000.00	1			40.00	0.00
Account No. xxxx1159  Bank of America 450 American St. Simi Valley, CA 93065		J	11/2002 First Mortgage Residence, 4812 Ormond Rd., Springfield Twp, Mi					
			Value \$ 225,000.00	1			233,932.22	12,364.43
continuation sheets attached	•	•	(Total of t		total pag		234,482.22	12,364.43

In re	Philip James Mastalski,		Case No	09-73931	
	Donna Lynn Mastalski				
-		Debtors	,		

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	CONTINGEN	UNLIQUIDA	SPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxx1114  Chrysler Financial PO Box 9001921 Louisville, KY 40290-1921		J	10/2006 Purchase Money Security 2006 Jeep Liberty Sport  Value \$ 12,830.00	<u> </u>	T E D		12,818.65	0.00
Account No. xxxx5273  Community Plus 310 W. Tienken Rochester, MI 48306		J	08/16/2006 1998 Yamaha Exciter 16 ft  Value \$ 3,800.00				5,000.00	1,200.00
Account No.  Fifth Third Bank PO Box 630778 Cincinnati, OH 45263-0778		J	10/2005 Second Mortgage Residence, 4812 Ormond Rd., Springfield Twp, Mi  Value \$ 225,000.00				161,939.09	161,939.09
Account No. xxxxxx6917  GEMB Lending, Inc. PO Box 51826 Los Angeles, CA 90051-6126		J	05/2007 1996 Dutchstar Motorhome  Value \$ 30,000.00				51,566.06	21,566.06
Account No. xxxxxxxxx173-0  HSBC PO Box 5218 Carol Stream, IL 60197-5218		J	01/30/2007 2007 Jeep Commander Value \$ 28,000.00				34,425.63	6,425.63
Sheet 1 of 3 continuation sheets a Schedule of Creditors Holding Secured Cla		ed to	,	Sub this			265,749.43	191,130.78

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In re	Philip James Mastalski,		Case No	09-73931	
	Donna Lynn Mastalski				
-		Debtors	,		

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C C E B T C	A N	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N	UNLIQUIDA	SPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxx0598			10/06	Т	T E D			
Huntington National Bank PO Box 182232 Columbus, OH 43218-2232		J	Mortgage Office, 5721 Elizabeth Lake Rd., Waterford, MI 48327  Value \$ 170,000.00		D		170,000.00	8,387.07
Account No. xx2959	$\neg$	$\dagger$	02/08				170,000.00	0,001.01
Huron Community Bank PO Box 312 East Tawas, MI 48730-0312		J	First Mortgage Fighting Fish Drive Lot #21 & 20, Ausable Twp. "Units 20, 21.186 &187 AuSable Huron Condo Cpgd, Oscoda, M 48750					
Account No. xx1712	$\dashv$	+	Value \$ 75,000.00 08/03	+			77,898.31	3,328.31
Huron Community Bank PO Box 312 East Tawas, MI 48730-0312		J	First Mortgage  AuSable Twp, MI R F Boat Slips #107 & 108 "Unit 107 & 108 AuSable-Huron Condominium Cpgd, Oscoda, MI 48750					
	_		Value \$ 25,000.00				41,174.41	16,254.41
IRS 11601 Roosevelt Blvd. Mail Drop Point N781 Philadelphia, PA 19154		J	2006 Statutory lien All Real and Personal Property  Value \$ 27,460.00				27,460.00	0.00
Account No. <b>xxx12-1-0</b>		t	1985 Bayliner 3280 Explorer	t			21,400.00	0.00
Michigan Catholic Credit Union 255 E. Maple Rd. Troy, MI 48083		J						
			Value \$ 15,000.00				13,492.07	0.00
Sheet <u>2</u> of <u>3</u> continuation sheets Schedule of Creditors Holding Secured Cla		ed to	(Total of t	Subt his j			330,024.79	27,969.79

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In re	Philip James Mastalski,	Case No. <b>09-73931</b>
	Donna Lynn Mastalski	

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H W J C	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	CONTINGEN	UNLLQULDA	I SPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>x-xx-xx6-009</b>			7/2009	Ť	Т	li		
Oakland County Treasure 1200 N Telegraph Pontiac, MI 48341		J	Common Law Lien  Residence, 4812 Ormond Rd.,  Springfield Twp, Mi		E D			
			Value \$ 225,000.00	L		Ш	3,432.21	0.00
Account No. x-xx-xx5-012  Oakland County Treasure 1200 N Telegraph Pontiac, MI 48341		J	07/2007 Statutory Lien Office, 5721 Elizabeth Lake Rd., Waterford, MI 48327					
			Value \$ 170,000.00				8,387.07	0.00
Account No. x-xx-xx-xx0-410  Oakland County Treasure 1200 N Telegraph Pontiac, MI 48341  Account No.		J	7/2009 Statutory Lien 2 multi-fax, 3 computers, 1 copier, 2 printers and supplies,  Value \$ 3,000.00	-			74.43	0.00
Account No.			Value \$  Value \$					
Sheet 3 of 3 continuation sheets attac	he	d te		Sub	tota	1		
Schedule of Creditors Holding Secured Claims	116	u l(	(Total of t			- 1	11,893.71	0.00
-			(Report on Summary of So		ota	- 1	842,150.15	231,465.00

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- 1	12	ra
		10

Philip James Mastalski, Donna Lynn Mastalski

Case No.	09-73931	

Debtors

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled

"Disputed." (You may need to place an "X" in more than one of these three columns.)
Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box label
"Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total
also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to
priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a
trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales
representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business.
whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not
delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal
Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Philip James Mastalski, Donna Lynn Mastalski

Case No.	09-73931	
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**Debtors** 

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONFINGENT SPUTED AND MAILING ADDRESS Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER J С (See instructions.) 2009 Account No. none 2009 1040 Taxes **IRS** 0.00 11601 Roosevelt Blvd. Mail Drop Point N781 J Philadelphia, PA 19154 19,000.00 19,000.00 2006 - 2008 Account No. 2006, 07 and 08 1040 taxes **IRS** 15,623.87 11601 Roosevelt Blvd. Mail Drop Point N781 J Philadelphia, PA 19154 57.211.30 41,587.43 2006 - 09 Account No. none MI 1040 taxes **Michigan Department of Treasury** 0.00 Collections/Bankruptcy Unit **POB 30168** Lansing, MI 48909 12,000.00 12,000.00 Account No. Account No. Subtotal 15,623.87 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 88,211.30 72,587.43 Total 15,623.87

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(Report on Summary of Schedules)

88,211.30

72,587.43

In re	Philip James Mastalski
	Donna Lynn Mastalski

Case No	09-73931	

#### **AMENDED** SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the

claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	C	UN	P	丌	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	A A C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	14>0-C2-r2C	I T	J [	AMOUNT OF CLAIM
Account No. xxxx-xxxx-xxxx-2357			Consumer credit card	T	1 E I			
AT&T Universal Card PO Box 6500 Sioux Falls, SD 57117-6500		J			D			27,659.28
Account No. xxxx-xxxx-xx72-75	t	П	Consumer credit card	Т	Н	T	†	
Bank of America PO Box 15019 Wilmington, DE 19886-5019		J						31,659.08
Account No. xxxx-xxxx-x7742	t	Н	Consumer credit card	T	Н	H	†	
Bank of America PO Box 15019 Wilmington, DE 19886-5019		J						1,927.01
Account No. xxxx-xxxx-xxx6-985	┢	Н	Consumer credit card	$\vdash$	Н	H	+	,
Bank of America PO Box 15019 Wilmington, DE 19886-5019		J						10,323.16
•		ш	<u> </u>	Subt	ota	ıl	$\dagger$	<b></b>
<b>8</b> continuation sheets attached			(Total of t	his '	pag	ze)	) [	71,568.53

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In re	Philip James Mastalski,
	Donna Lvnn Mastalski

Case No	09-73931	

#### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT				AMOUNT OF CLAIM
Account No. xx8009			2008 - 09 Medical Services	Т	E			
Beaumont Hospital PO Box 5042 Troy, MI 48007-5042		J	Medical Services					3,045.11
Account No. xxxx2760  Beaumont Reference Labs. PO Box 5043 Troy, MI 48007-5043		J	2008 - 09 Medical Services					
				L	╙	╧	╝	33.70
Account No. xxxx-xxxx-xxxx-1367  BP Cardmember Services PO Box 94012 Palatine, IL 60094-4012		J	Consumer credit card					717.13
Account No. xxxx-xxxx-xxxx-2036  Capital One PO Box 6492 Carol Stream, IL 60197-6492		J	Consumer credit card					2,160.12
Account No. xxxx-xxxx-xxxx-5559  Capital One PO Box 71083 Charlotte, NC 28272-1083		J	Consumer credit card					5,376.97
Sheet no. <u>1</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub his			,	11,333.03

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In re	Philip James Mastalski,
	Donna Lynn Mastalski

Case No.	09-73931	
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#### **AMENDED** SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xxxx-xxxx-xxxx-0576	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  Consumer credit card	CONTINGENT	Q	DISPUTED	AMOUNT OF CLAIM
Capital One PO Box 6492 Carol Stream, IL 60197-6492		J			D		5,498.50
Account No. xxxxxxxxxx4435  Capital One PO Box 105474 Atlanta, GA 30348-5474		w	Consumer Ioan				3,824.29
Account No. xx4880  CCA, PC 3577 W. 13 Mile Rd. Royal Oak, MI 48073		J	2008 - 09 Medical Services				1,354.78
Account No.  CFI Resorts Management Inc 2801 Old Winter Garden Rd Ocoee, FL 34761-2965		н	Westgate Resorts 2010 Annual Maintenance & Tax Statement				1,524.08
Account No. xxxx-xxxx-4573  Chase - Cardmember Services PO Box 94104 Palatine, IL 60094-4014		J	Consumer credit card				2,675.52
Sheet no. <b>2</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		•	S (Total of th		tota pag		14,877.17

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In re	Philip James Mastalski,
	Donna Lvnn Mastalski

Case No. <u>09-73931</u>	Case No.	09-73931	
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#### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	Ų	Ţ	РΤ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C J H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	QU			AMOUNT OF CLAIM
Account No. xxxx-xxxx-xxxx-1515			Consumer credit card	Ι'	Ė			
Chase - Cardmember Services PO Box 94104 Palatine, IL 60094-4014		J						2,714.55
Account No. xxxx-xxxx-xxxx-0704			Consumer credit card			T	Т	
Chase - Cardmember Services PO Box 94104 Palatine, IL 60094-4014		J						
	l							1,038.84
Account No. xxxx-xxxx-xxxx-0410  Citi Cards			Consumer credit card			T	1	
PO Box 6077 Sioux Falls, SD 57117-6077		J						22,082.46
Account No. xxxxxxxx-xxx3857	⊢	$\vdash$	Consumer credit card	+	+	+	$\dashv$	
Citi Financial PO Box 6931 The Lakes, NV 88901-6931		J	Consumer credit card					4,003.70
Account No.	T	Г	2008 - 09	T	T	T	7	
CRS Colon Rectal Specialists 595 Barclay Circle Rochester, MI 48307-5802		J	Medical Services					478.46
Sheet no. 3 of 8 sheets attached to Schedule of		_		Sub	tota	al	7	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pa	ge	a [	30,318.01

In re	Philip James Mastalski,
	Donna Lvnn Mastalski

Case No. <u>09-73931</u>	Case No.	09-73931	
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#### **AMENDED** SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	Q	D I S P U T E D	AMOUNT OF CLAIM
Account No. *4358			Consumer credit card	Т	E		
Discover Card PO Box 6103 The Lakes, NV 88901-6103		J					2,272.61
Account No. xxxx-xxxx-xxxx-8226	T		Consumer credit card		T		
Exxon Mobil Processing Center Des Moines, IA 50361-0001		J					983.51
Account No. xxxx-xxxx-2009	╀	┞	Consumer credit card	_	$\vdash$		963.31
Fifth Third Bank PO Box 740789 Cincinnati, OH 45274-0789		J	Consumer Credit Card			x	901.80
Account No. xxxx-xxxx-y653	╀	$\vdash$	Consumer credit card	+	$\vdash$	$\vdash$	301.00
First Equity Card Corp. PO Box 23029 Columbus, GA 31902-3029		J					466.39
Account No. xxxx-xxxx-2131	$\vdash$	$\vdash$	Consumer credit card	-	+	$\vdash$	
GE Money LOC PO Box 530913 Atlanta, GA 30353-0913	•	J					4,382.23
Sheet no. 4 of 8 sheets attached to Schedule of					tota		9,006.54
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)	1

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In re	Philip James Mastalski,
	Donna Lynn Mastalski

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#### **AMENDED** SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

	_							
CREDITOR'S NAME,	CO		sband, Wife, Joint, or Community		CON	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODE BT OR	C J M	DATE CLAIM WAS INCURRED ANI CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	IM	NTINGENT	NL   QU   DATE	I S P U F U D	AMOUNT OF CLAIM
Account No. xxxx-xxxx-xxxx-0191			Consumer credit card		Т	E D		
HomeDepot Credit Svc. Processing Center Des Moines, IA 50364-0500		J						1,445.99
Account No. xxxx-xxxx-xxxx-5344			Consumer credit card					
HSBC PO Box 5222 Carol Stream, IL 60197-5222		J						394.98
Account No.	┞	-					Н	334.30
Lady 4 Justice PLLC Attn Accounts Receivable 20700 Civic Center Dr #170 Southfield, MI 48076		J						812.50
Account No. xxxx-xxxx-xxxx-0060	t		Consumer credit card					
Michigan Catholic Credit Union PO Box 8107 Plymouth, MI 48170-8071		J						3,017.26
Account No. xxxxx8088	$\vdash$	$\vdash$	Medical Services					0,011120
Money Recovery Nationwide 801 S. Waverly Rd. Ste. 100 Lansing, MI 48917		J	South Oakland Anesthesia Assoc.					2,214.24
Sheet no. <u>5</u> of <u>8</u> sheets attached to Schedule of						tota		7,884.97
Creditors Holding Unsecured Nonpriority Claims			$(T_{\epsilon})$	otal of tl	11S	pag	e)	•

In re	Philip James Mastalski,
	Donna Lvnn Mastalski

Case No.	09-73931	

#### **AMENDED** SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME,	C	Ηι	usband, Wife, Joint, or Community	C	Ü	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xxxx-xxxx-xxxx-7374	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGENT	Q	I S P U T E D	AMOUNT OF CLAIM
Account No. XXXX-XXXX-7374	1		Consumer credit card		Ė		
Pay Pal Buyer Credit PO Box 960080 Orlando, FL 32896-0080		J					295.67
Account No. xxx4061							
Planet Access 5850 Dixie Hwy. Clarkston, MI 48346		J				х	
							4,949.05
Account No. xxxx-xxxx-xxxx-9855	Г		Consumer credit card		T		
Sears Credit Cards PO Box 183082 Columbus, OH 43218-3082		J					1,987.23
Account No. xxx-xx5-381	Ͱ	┢	Consumer credit card	-	┾	┢	,
Shell PO Box 1836018 Columbus, OH 43218-3018		J	Consumer Credit Card				686.75
Account No. xxxx-xxx1095	t	T	Consumer credit card	t	T	H	
Sunoco PO Box 689155 Des Moines, IA 50368-9155		J					1,060.56
Sheet no. 6 of 8 sheets attached to Schedule of			,	Sub	tota	1	0.070.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	8,979.26

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In re	Philip James Mastalski,
	Donna Lvnn Mastalski

Case No.	09-73931	

#### AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H V C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	Q	DISPUTED	AMOUNT OF CLAIM
Account No. x5001  Surgical Centers of Michigan 1701 E. South Blvd. Ste 300  Rochester, MI 48307-6120	-	J	2008 - 09 Medical Services	T	T E D		546.00
Account No. xxxxx0756  T-Mobile PO Box 742596 Cincinnati, OH 45274-2596		J	cell phones				1,178.31
Account No.  Troy Gastroenterlology 1701 E. South Blvd. Ste 300 Rochester, MI 48307-6120	-	J	2008 - 09 Medical Services				479.74
Account No. xxxx3083  Vistiting Nurses Assn. of SE Michigan 25900 Greenfield Rd. Ste 600 Oak Park, MI 48237-1292		J	2008 - 09 Medical Services				665.00
Account No. xxxx-xxxx-4704  Walmart PO Box 530927 Atlanta, GA 30353-0927		J	Consumer credit card				372.41
Sheet no7 of _8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub			3,241.46

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In re	Philip James Mastalski,
	Donna Lvnn Mastalski

Case No.	09-73931	

#### **AMENDED** SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	RL I QU I DA	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx-xxxx-1145			Consumer credit card	⊤ [	T		
Wells Fargo PO Box 98791 Las Vegas, NV 89193-8791		J			D		5,209.29
Account No. xxxx-xxxx-7198	T		Consumer credit card			T	
Wells Fargo PO Box 98791 Las Vegas, NV 89193-8791		J					
							7,105.65
Account No.							
Account No.							
Charten O of O short started to Call 11 C				Sub	<u> </u>		
Sheet no. <b>8</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t				12,314.94
				7	Γota	al	160 500 04
			(Report on Summary of So	chec	dule	es)	169,523.91

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In re Philip James Mastalski
Donna Lynn Mastalski

Debtor(s)

Case No. **09-73931** 

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

1. Rent or home mortgage payment (include lot rented for mobile home)   a. Are real estate taxes included?   Yes   No   X	☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separat	te schedule of
a. Ane real estate taxes included? Yes No X  1. Utilities: 1. a. Electricity and heating fuel 1. b. Water and sewer 1. c. Telephone 1. c. Tele	1. Rent or home mortgage payment (include lot rented for mobile home)	\$	0.00
D. Is property insurance included?   Yes   No   X		T	
2. Utilities:	<del></del>		
D. Water and sewer   C. Telephone   S   100.00		\$	350.00
A. Other	· · · · · · · · · · · · · · · · · · ·		0.00
3. Home maintenance (repairs and upkeep)   5   200.00   4. Food   5   300.00   5   5   5   5   5   5   5   5   5	c. Telephone	\$	100.00
4. Food  5. Clothing  6. Laundry and dry cleaning  6. Laundry and dry cleaning  7. Medical and dental expenses  8. Transportation (not including car payments)  9. Recreation, clubs and entertainment, newspapers, magazines, etc.  9. Recreation, clubs and entertainment, newspapers, magazines, etc.  10. Charitable contributions  11. Insurance (not deducted from wages or included in home mortgage payments)  12. Insurance (not deducted from wages or included in home mortgage payments)  13. Homeowner's or renter's  14. Alomeowner's or renter's  15. Life  16. C. Health  17. C. Other  18. Auto  19. Describe and fed est taxes  19. Outo  19. Alimony, maintenance, and support paid to others  19. Payments for support of additional dependents not living at your home  19. Regular expenses from operation of business, profession, or farm (attach detailed statement)  19. Oscribe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  18. Average monthly income from Line 15 of Schedule 1  19. Average monthly income from Line 15 of Schedule 1  19. Average monthly income from Line 15 of Schedule 1  19. Average monthly expenses from Line 18 above  19. 30.00  19. 30.00  19. 30.00  19. 4. Average monthly income from Line 15 of Schedule 1  19. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  10. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  10. 4. Average monthly expenses from Line 18 above  10. 4. Av	d. Other	\$	0.00
4. Food  5. Clothing  6. Laundry and dry cleaning  6. Laundry and dry cleaning  7. Medical and dental expenses  8. Transportation (not including car payments)  9. Recreation, clubs and entertainment, newspapers, magazines, etc.  9. Recreation, clubs and entertainment, newspapers, magazines, etc.  10. Charitable contributions  11. Insurance (not deducted from wages or included in home mortgage payments)  12. Insurance (not deducted from wages or included in home mortgage payments)  13. Homeowner's or renter's  14. Alomeowner's or renter's  15. Life  16. C. Health  17. C. Other  18. Auto  19. Describe and fed est taxes  19. Outo  19. Alimony, maintenance, and support paid to others  19. Payments for support of additional dependents not living at your home  19. Regular expenses from operation of business, profession, or farm (attach detailed statement)  19. Oscribe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  18. Average monthly income from Line 15 of Schedule 1  19. Average monthly income from Line 15 of Schedule 1  19. Average monthly income from Line 15 of Schedule 1  19. Average monthly expenses from Line 18 above  19. 30.00  19. 30.00  19. 30.00  19. 4. Average monthly income from Line 15 of Schedule 1  19. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  10. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  19. 4. Average monthly expenses from Line 18 above  19. 30.00  10. 4. Average monthly expenses from Line 18 above  10. 4. Av	3. Home maintenance (repairs and upkeep)	\$	200.00
6. Laundry and dry cleaning	4. Food	\$	
7. Medical and dental expenses       1,213.74         8. Transportation (not including car payments)       \$ 200.00         9. Recreation, clubs and entertainment, newspapers, magazines, etc.       \$ 25.00         10. Charitable contributions       \$ 25.00         11. Insurance (not deducted from wages or included in home mortgage payments)       \$ 200.00         12. Insurance (not deducted from wages or included in home mortgage payments)       \$ 250.00         13. Life       \$ 0.00         14. Auto       \$ 0.00         15. Taxes (not deducted from wages or included in home mortgage payments)       \$ 0.00         12. Taxes (not deducted from wages or included in home mortgage payments)       \$ 1,600.00         15. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)       \$ 0.00         16. Other       \$ 0.00         16. Altimony, maintenance, and support paid to others       \$ 0.00         16. Regular expenses from operation of business, profession, or farm (attach detailed statement)       \$ 0.00         17. Other       See Detailed Expense Attachment       \$ 0.00         18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and it applicable, on the Statistical Summary of Certain Liabilities and Related Data.)       \$ 9,398.74         19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year lap	5. Clothing	\$	
8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. 25.00 11. Insurance (not deducted from wages or included in home mortgage payments) 12. A Homeowner's or renter's 13. Insurance (not deducted from wages or included in home mortgage payments) 14. Auto 15. Chealth 15. Chealth 16. Auto 17. Cother 18. Auto 18. Average monthly income from Line 15 of Schedule I 18. Average monthly expenses from Line 18 above 19. Average monthly expenses from Line 18 above	6. Laundry and dry cleaning	\$	25.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's  a. Homeowner's or renter's  b. Life  c. Health  d. Auto e. Other  (Specify) State and fed est taxes  (Specify) State and fed est taxes  11. Insualment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other  a. Auto b. Other  a. Auto b. Other c. Other  12. Auto b. Other c. Other 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other c. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other See Detailed Expense Attachment 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and fa applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I a. Average monthly expenses from Line 18 above  \$ 25.0.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 3.00.00	7. Medical and dental expenses	\$	1,213.74
10. Charitable contributions   \$ 25.00     11. Insurance (not deducted from wages or included in home mortgage payments)   \$ 250.00	8. Transportation (not including car payments)	\$	200.00
11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's  b. Life c. Health d. Auto c. Health d. Auto c. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) State and fed est taxes  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other  a. Auto c. Other  a. Auto b. Other c. Other  5. O.00  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other See Detailed Expense Attachment  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  17.178.37  b. Average monthly expenses from Line 18 above	9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
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b. Life c. Health d. Auto c. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) State and fed est taxes (Specify) State and fed est taxes  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other c. Other a. Auto b. Other c. Other a. Alimony, maintenance, and support paid to others c. Other b. Payments for support of additional dependents not living at your home c. Other see Detailed Expense Attachment  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filling of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 17,178.37 b. Average monthly expenses from Line 18 above	11. Insurance (not deducted from wages or included in home mortgage payments)		
C. Health	a. Homeowner's or renter's	\$	
d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) State and fed est taxes  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other a. Auto c. Other 4. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other See Detailed Expense Attachment  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above  \$ 360.00 \$ 1,600.00 \$ 1,600.00 \$ 0.	b. Life	\$	
e. Other some specified of the state of the	c. Health	\$	0.00
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(Specify) State and fed est taxes  1,600.00  13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto  b. Other  c. Other  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other See Detailed Expense Attachment  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, fapplicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  s. Average monthly expenses from Line 18 above  \$ 17,178.37  b. Average monthly expenses from Line 18 above	e. Other	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  a. Auto b. Other c. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other See Detailed Expense Attachment 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I  8. Average monthly expenses from Line 18 above  \$ 17,178.37  b. Average monthly expenses from Line 18 above	12. Taxes (not deducted from wages or included in home mortgage payments)		
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b. Other c. Other c. Other shades and support paid to others shades and support paid to others shades and support of additional dependents not living at your home shades and support of additional dependents not living at your home shades and support of additional dependents not living at your home shades and support of additional dependents not living at your home shades and support of additional dependents not living at your home shades and shades and support of additional dependents not living at your home shades and sha			
c. Other  14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other See Detailed Expense Attachment  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 0.00  9,398.74			
14. Alimony, maintenance, and support paid to others  15. Payments for support of additional dependents not living at your home  16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other See Detailed Expense Attachment  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 9.398.74	b. Other		
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17. Other See Detailed Expense Attachment \$ 4,450.00  18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I \$ 17,178.37  b. Average monthly expenses from Line 18 above \$ 9,398.74		\$	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 17,178.37			
if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 17,178.37  \$ 9,398.74	17. Other See Detailed Expense Attachment	\$	4,450.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME  a. Average monthly income from Line 15 of Schedule I  b. Average monthly expenses from Line 18 above  \$ 17,178.37  \$ 9,398.74		\$	9,398.74
<ul> <li>a. Average monthly income from Line 15 of Schedule I</li> <li>b. Average monthly expenses from Line 18 above</li> <li>5</li> <li>6</li> <li>7</li> <li>7</li> <li>9</li> <li>9<td>19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:</td><td>_</td><td></td></li></ul>	19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	_	
b. Average monthly expenses from Line 18 above \$ 9,398.74		•	17 17 <u>0</u> 27

Philip James Mastalski Donna Lynn Mastalski

Case I

Case No. **09-73931** 

Debtor(s)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED Detailed Expense Attachment

#### **Other Expenditures:**

Office Assistant	\$ 1,000.00
Office Utilities	\$ 1,260.00
Commercial Property Taxes	\$ 250.00
Office Supplies and Postage	\$ 440.00
Office Rent (estimated)	\$ 1,500.00
Total Other Expenditures	\$ 4,450.00

#### UNITED STATES BANKRUPTCY COURT Eastern District of Michigan

#### **COVER SHEET FOR AMENDMENTS**

Philip James Mastalski Donna Lynn Mastalski **CASE NAME:** 09-73931 **CASE NUMBER:** The enclosed documents amend the petition, schedule, statement of financial affairs, statement of income and expenses, matrix or summary of assets and liabilities. The purpose of this amendment is to:  $\bowtie$ Add creditors to schedule(s) **E** . How many? **One** (Use second page of this form to list creditors added).  $\boxtimes$ **\$26.00 Amendment Fee.** This fee is required whenever you add creditors to a case, delete creditors, change the amount of a debt or change the classification of a debt. The fee is not required when correcting addresses of previously listed creditors. It is not required when new schedules are filed in a converted case. Correct the addresses of creditors already listed on the schedules and matrix previously filed. (Use second page of this form).  $\boxtimes$ Other: (Provide detail of Amendment) Amend Sch A, B, C, D, E, F and J to address issues presented by the Trustee in her objection to confirmation.  $\boxtimes$ **Amend Schedules and list of creditors.** Schedules must be verified by the debtor(s). **Amend Matrix.** Please do not send a matrix adding creditors to a case unless you also send the amended schedules. Do not send a new matrix to correct an address. Use the second page of this form. Pursuant to L.B.R. 1007-2 & 1009-1 an amendment to a matrix filed by a debtor without an attorney must have a complete paper copy attached to this form. Electronic filers must upload

**NOTE:** LBR 1009-1(b) requires the debtor to serve a copy of the amendment and the cover sheet for amendments on the trustee and all other entities affected by the amendment.

creditors to the ECF system.

### CORRECTIONS AND ADDITIONS TO MAILING MATRIX

Use this section of the form to make corrections to the names and address of any creditors or parties in interest who are listed on the current matrix of the case.

NAME OF	<b>CREDITOR</b> (As it now appears):			
			(Please print)	
Previous ad	dress:	Plea	ise change to:	
NAME OF	<b>CREDITOR</b> (As it now appears):			
MANIE OF	(As it now appears).		(Please print)	
Previous ad	dress:	Plea	ise change to:	
NAME OF	<b>CREDITOR</b> (As it now appears):		(Dlassa mint)	_
Previous ad	dress:	Ple	(Please print) ease change to:	
		110	ase change to:	
	ion of the form to <b>IDENTIFY</b> creditors			
NAME OF	<b>CREDITOR</b> (As it now appears):	Michigan Depa	rtment of Treasury (Please print)	
Address	Collections/Bankruptcy Unit		(Flease print)	
	POB 30168			
	Lansing, MI 48909			
NAME OF	<b>CREDITOR</b> (As it now appears):			
	(Fig. 1. now uppears).		(Please print)	
Address				
	FOR ADDITIONAL CHAN	CFS COPV THIS	SHEET AND CONTINUE	
	FOR ADDITIONAL CHAIN			
		Signature:	/s/ David R. Shook  David R. Shook P48667	
			Name of Attorney	
			6480 Citation Drive Clarkston, MI 48346-2913	
			(248) 625-6600	
			FCF@davidshooklaw.com	

I/We do hereby affirm under penalty of perjury that I/we have read the foregoing form, *Cover Sheet for Amendments*, and all pleadings and attachments thereto, and do hereby affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature: /s/ Philip James Mastalski

Philip James Mastalski

Name of Debtor

Signature: /s/ Donna Lynn Mastalski

Donna Lynn Mastalski

Name of Joint Debtor, if applicable